

REPORTLINE
Virginia Department of Accounts
LOCALITY REQUEST FORM FOR CARS MONTHLY REPORTS ACCESS

Date	____ / ____ / ____	User <i>(check one)</i>	<input type="checkbox"/> Clerk's Office <input type="checkbox"/> Treasurer's Office
Logon ID (Create One) <i>(7 to 9-Character/Alpha-Numeric)</i>	_____		
Your F I P S Number	_____	Action <i>(check one)</i>	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Delete
Locality Name	_____		
Name	_____		
	<i>First</i>	<i>Middle Initial</i>	<i>Last</i>
Signature	_____		
E-mail Address	_____		
Telephone	_____		

Date	____ / ____ / ____	User <i>(check one)</i>	<input type="checkbox"/> Clerk's Office <input type="checkbox"/> Treasurer's Office
Logon ID (Create One) <i>(7 to 9-Character/Alpha-Numeric)</i>	_____		
Your F I P S Number	_____	Action <i>(check one)</i>	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Delete
Locality Name	_____		
Name	_____		
	<i>First</i>	<i>Middle</i>	<i>Last</i>
Signature	_____		
E-mail Address	_____		
Telephone	_____		

Authorized by (Locality):	_____	_____
	<i>Signature</i>	<i>Date</i>
Entered by (DOA):	_____	_____
	<i>Signature</i>	<i>Date</i>

Return Form To:



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